

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/277172	FILING DATE _____
APPLICANT(S) ..	

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.		DEP.		IND.		DEP.	
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TOTAL	IND.	12											
TOTAL	DEP.	76											
TOTAL	CLAIMS	88											

1-1350 (3-78)